

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 0 / 567532	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8		1					58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
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32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1	↓		↓		↓	TOTAL IND.
TOTAL DEP.	7	←		←		←	TOTAL DEP.
TOTAL CLAIMS	8	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS